

## Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

## ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Workers' Compensation Commission		CONTACT PERSON Alan Goodman	TELEPHONE NUMBER 601-987-4279	
ADDRESS 1428 Lakeland Drive, P.O. Box 5300		CITY Jackson	STATE MS	ZIP 39296 -5300
EMAIL agoodman@mwcc.ms.gov	SUBMIT DATE 10/13/16	Name or number of rule(s): Mississippi Workers' Compensation Fee Schedule		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Certain provisions of the MS Workers' Compensation Medical Fee Schedule are being amended in order to maintain the efficiency of the Schedule as a cost containment tool. The Schedule was last updated in 2013, and since that time, changes in the way medical services are delivered and reimbursed make it necessary to update some of the rules contained in the Schedule. In addition, adjustments to the maximum fees allowed by the Schedule are necessary.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. Sections 71-3-15(3), 71-3-85(5)(Rev. 2000)

List all rules repealed, amended, or suspended by the proposed rule: Mississippi Workers' Compensation Medical Fee Schedule

## ORAL PROCEEDING:

- ☒ An oral proceeding is scheduled for this rule on Date: 9/8/16 Time: 9:00 a.m. Place: Mississippi Workers' Compensation Commission, Hearing Room C
- ☐ Presently, an oral proceeding is not scheduled on this rule.

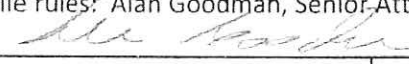
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.





## ECONOMIC IMPACT STATEMENT:

- ☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

<b>TEMPORARY RULES</b>  _____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>PROPOSED ACTION ON RULES</b>  Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing _____ Other (specify): _____	<b>FINAL ACTION ON RULES</b>  Date Proposed Rule Filed: <u>8/12/16</u> Action taken: _____ Adopted with no changes in text <u>XX</u> Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: <u>XX</u> 30 days after filing _____ Other (specify): _____
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Printed name and Title of person authorized to file rules: Alan Goodman, Senior Attorney

Signature of person authorized to file rules: 

<b>OFFICIAL FILING STAMP</b>   Accepted for filing by _____	<b>DO NOT WRITE BELOW THIS LINE</b> <b>OFFICIAL FILING STAMP</b>   Accepted for filing by _____	<b>OFFICIAL FILING STAMP</b>   Accepted for filing by <u>22323</u> 
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.